

Ethnicity Data Collection Tool

Developed for the Integrated Services Initiative
Capacity Building Project for Women and Children
by

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For more information about the ethnicity data collection tool or for training regarding using the tool,
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Executive Summary

The culturally and linguistically diverse composition of the Australian population continues to be shaped by two predominant processes: globalisation and maturation.

Globalisation of the Western Australian economy continues to gather momentum beyond the earlier influences of the gold rush of the late 19th Century and post-WWII migration and resettlement programs of the 20th Century. Given the present commodities boom, a product of the voracious appetite of the developing world for natural resources, this trend of economic integration is likely to continue well into the 21st Century.

Globalisation is a domain of multiple dimensions. Whilst much focus and newspeak is placed upon the overseas interlacement of economic, trade, political and technological dimensions, the aspect of human mobility is often overlooked. In part, migration is the inevitable consequence of economic development (Stalker 2001). Additionally and importantly, a degree of migration is owed to ethical reasoning and moral investment in an apolitical humanitarian capacity.

Net Overseas Migration (NOM) is likewise an important consideration in the context of fertility rates and an aging Australian population. In the 10 year period to June 2007, NOM accounted for just under half of the total population growth in Australia (i.e. independent of the natural growth of births exceeding deaths). NOM is integral to the series of projections for Australia's population size and growth to 2056 and 2101 (Australian Bureau of Statistics 2008).

By the year 2020, it is projected that forty-eight (48) percent of the West Australian population will be foreign born. One third of these people will come from non-English speaking backgrounds (MacDonald 2010).

It has long been recognized that poverty, socio-economic status and inequality (e.g. on the basis of gender, race and/or disability) affect health (Schrader 2004). In this sense, a social model of health importantly underscores the confluence of gender, social, environmental, economic, biological and cultural factors. Access to and participation in health care is a function of these social determinants of health.

In terms of health providers, organising principles, organisational structures, performance metrics, management issues, relations with end users, supply chains, employees, sources of knowledge and time horizons differ considerably between private industry, Non Profit Organisations (NPOs) and the public sector (Halvorsen et al. 2005). The capacity for innovation is thus differentially influenced by scope and scale.

In an Australian context, the public sector is well equipped and able to innovate data collection and incorporate a host of performance and population metrics into the activities of health trend analyses and forward projections. NPOs, including the Women's Health Service, have limited capacity in a similar regard. The result has been an asynchronous data flow between government funding bodies and NPOs.

Epidemiologist and former Chair of the WHO Commission on Social Determinants of Health, Sir Michael Marmot, asserts that in order to address the "causes of the causes" of health inequity we need to frame ourselves a new set of questions. On such question is "what types of institutional change are necessary to tackle health inequalities"?

Institutional change, specifically the collection of cultural and linguistic diversity (CaLD) data, is a preliminary effort to better understand and hence better serve the women who access the Women's Health Service. Data collection is about defining the population who access the service in accordance with the Standards for Statistics on Cultural and Language Diversity (Australian Bureau of Statistics 1999).

The collection of CaLD data will facilitate a synchronous data flow between government purchaser and health provider.

CaLD analysis can inform the WHS (and funder) about service demand in light of population and demographic variables. A benefit to understanding service demand is the ability to shape service supply.

CaLD data can be cross-tabulated with service access, treatment modalities and health outcome data for the purposes of comparative studies.

CaLD data is instrumental in community organizing and alliance building in a social health context.

Barriers to the implementation of a CaLD data collection tool include acceptance of the vision, human factors and organisational resources, issues with instrumentation as well as completion rates, data codification, input and retrieval. An increase in synchronous data flow and the efficacy of the WHS to tailor services in accordance with population trends will likewise be important indicators of successful implementation.

Australian Bureau of Statistics. 1999. 1289.0 - Standards for Statistics on Cultural and Language Diversity. Canberra. ABS.

------. 2008. 3222.0 - Population Projections, Australia, 2006 to 2101. Canberra. ABS.

Halvorsen, T., J. Hauknes, I. Miles, and R. Røste. 2005. On the differences between public and private sector innovation. Oslo: PUBLIN.

MacDonald, K. 2010. Half foreign-born by 2020. The West Australian, 3rd April.

Schrader, T. 2004. Poverty and health in Australia. New Doctor 80: 17-19.

Stalker, P. 2001. The shock of the new. Forum for Applied Research and Public Policy 16 (2): 75-82.

Cultural and Linguistic Diversity – Client Questionnaire

1. What language(s) do you speak at home? _____

2. What language do you prefer us to contact you in? _____

3. What is your religion? _____

4. Are you of Aboriginal or Torres Strait Islander descent?(Please tick)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal & Torres Strait Islander

Yes, Aboriginal &/or Torres Strait Islander and other ethnic group, please specify _____

5. In which country were you born? _____

6. Do you belong to a **specific cultural or ethnic group**? (please circle)

No

Yes, please specify _____

If you were born in Australia, this is the end of the questionnaire. Thank you for your help.

7. If you were born outside of Australia, what **year did you arrive in** Australia?

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year

8. Under which **migration category** did you enter Australia? (Please circle)

NZ Citizen

Spouse Visa

Business Entrant/ Skilled worker

Asylum Seeker

Family Visa

Temporary 457 Work Visa

Refugee/Humanitarian

Fiancé Visa

Student Visa

Don't Know

Other _____